## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 20 1998 8:00am

Secretary of State

1 1558

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation   | MEN 1 # J338/2<br>DNMENTAL EQUITIES, INC.   | (9)   |   |  |                     |
|--|---|---|---|--|---------------------|
| Principal Plac   | o of Ruringes   | Mailing Address   |   |  | 8     <b>   </b>    |
| Principal Place of Business  * MICHAEL W. KENTON  47402 BOSLEY DRIVE 17 5 47 Deaten Avc. |   | * MICHAEL W. KENTON 47402 BOSLEY DRIVE P. O. Bo x 7180  |   |  |                     |
| OPRING HILL FL 84610 Mudson, Pla. 74667  |   | Spring Hill Fl 81618 Hudson, Fla.   |   | DO NOT WRITE IN THIS SPACE   |                     |
| US   | •   | U\$   | 34674-7181                                      | 3. Date Incorporated or Qualified  |                     |
| 2. Principal P   | Place of Business   | 2a. Mailing Address   |   | <b>09/18/1986 4.</b> FEI Number  | Applied For         |
| 21   | Tube of Business  | 26  |   | 59-2771506   | Not Applicable      |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   |   |  | \$8.75 Additional   |
| 22   |   | 27  |   | 5. Certificate of Status Desired   | Fee Required        |
| City & Stat  | Θ   | City & State  |   | 6. Election Campaign Financing   | \$5.00 May Be       |
| 23   |   | 28  |   | Trust Fund Contribution  | Added to Fees       |
| Zip  | Country   | Zip   | Country   | 8. This corporation owes or has paid the c   |                     |
| 24   | 9. Name and Address of Current  |   | 30  | Personal Property Tax due June 30.  10. Name and Address of New Registere                            | ∐ Yes ∐ No          |
|  |   | negisteren Agent  | 81 Name   | 10. Walle and Address of New Registere   | a Agent             |
|  | NTON, MICHAEL W.  |   | -   |  |                     |
| PORT-RICHEY PL 34668 FAR A SOTA, FL. 34243-2910  |   |   |   | ress (P.O. Box Number is Not Acceptable)   |                     |
| FO   | THE TESTOOD EAR ASO   | TA, FL. 34243-291   | 83  |  |                     |
|  |   |   |   |  |                     |
|  |   |   | 84 City   | F  | 85 Zip Code         |
| 11. Pursuant office or i   | to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligate | and 607.1508, Florida Statute<br>of Florida, Such change was an<br>ions of, Section 607.0505, Flori | s, the above-named corputhorized by the corpora | poration submits this statement for the purpose<br>tion's board of directors. I hereby accept the ap |                     |
| SIGNATURE  |   |   |   |  |                     |
| OIGHNIOIL  | Signature, typed or printed name of registured agent  | and title if applicable (NOTE.  | Registered Agent signature requ                 | ired when reinstating) OA16  |                     |
| 12.  | OFFICERS AND  |   | 13.   | ADDITIONS/CHANGES TO OFFICERS AT   |                     |
| TITLE  | DPS   | ☐ DELETE  | 1.1 TITLE                                       |  | Change Addition     |
| NAME   | KENTON, MICHAEL W.  | Acre Aides C Island   | 1.2 NAME  |  |                     |
| STREET ADDRESS   | 2007 VALMY LN PHYO BRAN<br>BORT-RICHEY FL SARASOTA  | Co 2014 1-1910  | 1.3 STREET ADDRESS                              |  |                     |
| CITY-ST-ZIP  | JESTI HOHET TE SAFASOTA   | DELETE  | 1.4 C(1Y - S1 - Z(P                             |  |                     |
| TITLE  |   | L. DELETE   | 2.1 TITLE                                       |  | Change Addition     |
| NAME   |   |   | 2.2 NAME  |  |                     |
| STREET ADDRESS   |   |   | 2.3 STREET ADDRESS                              |  |                     |
| CITY-ST-ZIP<br>TITLE   |   | ☐ DELETE  | 2. 4 CITY-ST-ZIP<br>3.1 TITLE                   |  | Change Addition     |
| NAME   |   |   | 3.2 NAME  |  |                     |
| STREET ADDRESS   |   |   | 3.3 STREET ADDRESS                              |  |                     |
| CITY-ST-ZIP  |   |   | 3.4. DITY-ST-ZIP                                |  |                     |
| TITLE  |   | DELETE  | 4.1 TITLE                                       |  | ☐ Change ☐ Addition |
| NAME   |   |   | 4. 2 NAME                                       |  |                     |
| STREET ADDRESS   |   |   | 4.3 STREET ADDRESS                              |  |                     |
| CITY-ST-ZIP  |   |   | 4.4 CITY-SI-ZIP                                 |  |                     |
| TITLE  |   | ☐ DELETE  | 5.1 TITLE                                       |  | Change Addition     |
| NAME   |   |   | 5.2 NAME  |  |                     |
| STREET ADDRESS   |   |   | 5.3 STREET ADDRESS                              |  |                     |
| CITY-ST-ZIP  |   |   | 5.4 CITY-ST-2IP                                 |  |                     |
| TITLE  |   | DELFTE  | 6.1 TITLE                                       |  | ☐ Change ☐ Addition |
| NAME   |   |   | 6.2 NAME  |  |                     |
| ATRECT 18885500  |   |   |   |  | 1                   |

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied in the information indicated on this annual report or supplied in the information indicated on this annual report or supplied in the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of the corporation or the receiver of the corporation of the co